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FORM TO BE USED BY A PRISONER FILING A COMPLAINTOOKLYN OFFICE UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983 \$19.85

UNITED EASTER	STATES DISTRICT COURT RN DISTRICT OF NEW YORK	D BECEIV
JANAQU Full nam	DAL ASHAGUA, ne of plaintiff/prisoner ID# 10A2147	PRO SE OF
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<u>CAPT</u> 6.0. W	HENDANT OF A.R. D. C C-74 FATN SINGLETARY FOODS # 18743, names of all defendants	GARAUFIS, J.
	Defendants.	
l. Pre	evious Lawsuits:	
Α.	Have you begun other lawsuits in state or dealing with the same facts involved in this otherwise relating to your imprisonment?	federal court GOLD, Miles s action or Yes () No ()
8.	If your answer to A is yes, describe the law (If there is more than one lawsuit, describe on another piece of paper, using the same	the additional lawsuits
	Parties to this previous lawsuit:	
•	Plaintiffs:	
· ·	Defendants:	
	 Court (if federal court, name the district if state court, name the county) 	•
	3. Docket Number:	

	4. Name of Judge to whom case was assigned:
	 Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
	Approximate date of filing lawsuit:
·	7. Approximate date of disposition:
	II. Place of Present Confinement:
	A. Is there a prisoner grievance procedure in this institution? Yes () No (
	B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes () No ()
	C. If you answer is YES;
· ·	1. What steps did you take?
•	2. What was the result?
	D. If you answer is NO, explain why not <u>An official report was filed</u> with the investigators and I thought that was sufficient
	E. If there is no prison grievance procedure in the institution, did you complaint to prison authorities? Yes () No ()
	F. If you answer is YES,
	1. What steps did you take? I filed a report with the investigators
	2. What was the result? A report of the incident was filed and an investigation of the incident mounted
	III. Parties (In item A below, place your name in the first blank and place our present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Jaraqual Ashaqua 10A2147

Address Downstate Corr. Fac., Red School house rd., Fishkill, N.Y. zip-12524-0445

(In item B below, place the full name of the defendants in the first bland, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants.)

- B. Defendant C.O. WOODS #18743 is employed as a Correction officer at A.R.D.C.-C-74, E. Elmhurst, N.Y., 11370-11-11 Hazen st
- C. Additional Defendants <u>Captain Singletary</u>, <u>Captain Jane Doe</u>, <u>Captain John Doe</u>, <u>C.O. Dipierre</u>, <u>C.O. Scott</u>, <u>C.O. Smith</u>, the <u>Superintendant of A.R. D.C.</u>, <u>John Doe</u>, <u>C.O. John Doe</u>, <u>C.O. John Doe</u>, <u>C.O. John Doe</u>, <u>C.O. John Doe</u>

IV. Statement of Claim

(State here, as briefly as possible, the <u>facts</u> of your case. Describe how each defendant is involved. Include also, the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach additional 8 1/2 x 11 sheets, if necessary.)

On 4/21/2010, at approximately 2:20 pm I, Janaqual Ashaqua, was brutally beaten by a numerous amount of Rikers Island Corr. Officers in houseing unit 2 upper of A.R.D.C. - C-74. I, Janaqual Ashaqua, sustained serious injurys from this brutal attack and was taken by ambulance to Elmhorst hospital of Queens at approximately 5:00 pm on 4/21/2010 and in the emergency room received medical treatment for: a fractured rib, a fracture eye Socket, eye damage, bruises, swelling of the face, and trama.

Under the supervision and express orders of Captain Singletary, without issueing any orders to Me, Janaqual Ashaqua, to face the wall or be restrained for smashing one Camra that was in the custody continued

* Case 1:10-cv-02058-Ned-SMEF Document File 06107/102 Page 4 of 7 PageID #: 4

of C.O. Woods before the captains involvement and presence of the incident as well as for refusing to take a picture from another camra that was in the custody of Captain Jane Doe, C.O. Woods # 18743, C.O. Dipierre, and 4 other Corr. Officers whose names aren't currently known to me, attacked me without physical provokation from me and brutally beat me, of whom Captain Singletary himself was an active participant, even inflicting serious injuries and pulling out hair of my head in the process, which is of sacrid relegious significance to me.

C.O. Smith and C.O. Scott were on post and witnesses of this incident without attempting to prevent or stop it, and even locking the immates who were out in the day-room-rec-area inside their cells so they wouldn't witness the premeditated beating they were aware

I would receive.

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Afterwards while clearly injured and in need of medical attention, I was taken to the intake reception area, passing a numerous amount of Deputies, Captains, and C.O.s. who saw that I obviously needed medical attention on my way there, and locked in a cell. When I requested medical attention, expressing the seriousness of my injuries to the intake Corr. Officers on duty, I was ridiculed and denied. It wasn't until I had a seizure in the intake pin that the intake Officers called medical from Fear that I would die in their custody.

17	Relief
ν.	RAHAT

(State briefly exactly what you Make no legal arguments. Ci	u want the court to do for you. te no cases or statutes.)
I'm requesting monetar	y damages and Whatever
else the court deems	nessessary and for appropriat
Signed this <u>9</u> day of <u>0</u> declare under penalty of perjur and correct.	y that the foregoing is true
CADMILE DDINGLE	
CAPMILE PRINGLE NOTARY PUBLIC: "TATE OF NEW YORK REG. NO. 01PR6092127"	
QUA! IFIED IN DUTCHESS COUNTY COMMISSION EXPIRES 05-12-1	Signature of Plaintiff
9 Sworn to before me this	Plaintiff's Date of Birth'
Note: Sublic	. Tanta o oato or onti
	086-64-8566
	Social Society Number

Kindly list all defendants to this lawsuit and the address at which each may be served. If you do not provide an address for a defendant, that defendant will <u>not</u> be served.

Defendant No. 1

(. O. Woods # 18743 11-11 Hazen st. A. R. D. C. - C-74 E. Elmhurst, New York, 11370

Defendant No. 2

Captain Singletary
11-11 Hazen st. A.R.D.C.- C-74
E. Elmhurst, N. Y., 11370

Defendant No. 3

C. O. Dipierre 11-11 Hazen st. A.R.D.C.-C-79 E. Elmhurst, N.Y., 11370

Defendant No. 4

C.O. Scott 11-11 Hazen st. A.R.D.C. - C-74 E. Elmhurst, N.Y., 11370

Defendant No. 5

C. D. Smith

11-11 Hazen St. A.R.D.C. - C-74

E. Elmhorst, N.Y., 11370

Defendants continued on Next page >

Please attach additional 8 1/2 x 11 paper if necessary.